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## BIB DATA SHEET

CONFIRMATION NO. 4013

<b>SERIAL NUMBER</b> 10/564,031	<b>FILING or 371(c) DATE</b> 06/07/2006 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1615	<b>ATTORNEY DOCKET NO.</b> 02911.007800		
<b>APPLICANTS</b> Karl Malcolm, Belfast, UNITED KINGDOM; Aaron David Woolfson, Belfast, UNITED KINGDOM; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP04/07703 07/09/2004 <b>** FOREIGN APPLICATIONS *****</b> IRELAND S0515 07/10/2003 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 11/20/2006						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/SUEZU Y ELLIS/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWINGS</b> 10	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> FITZPATRICK CELLA HARPER & SCINTO 30 ROCKEFELLER PLAZA NEW YORK, NY 10112 UNITED STATES						
<b>TITLE</b> Intravaginal drug delivery devices						
<b>FILING FEE RECEIVED</b> 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			